## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 101560985

FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS F	ILED		TER NDMENT		TER NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
_						
;						
<u> </u>						
7						
3						
					-	
0						
ĺ						
2						
3						
1						· · · · · ·
5						
5			-			
<del>,</del>						
<u> </u>					<b>——</b>	<del> </del>
,				<del>-   -</del>		
_				<del>     </del>		
<u>1</u> 2						
3						
<u>,                                    </u>						
5						
5						
)						
)						
<b>.</b> .						
3						
4						
5						
6						
7						
3						
•						
0						
2						
1						
5						
5						
<del>,</del>						
_						
_		<del>                                     </del>				
		<b></b>			<b></b>	
) AL					ļ	
).		👢		♣		♣
AL.		·	-	¹ , *		•
		<b>(</b>	23	<b>(-</b>		<b>(+</b>
<b>AL</b>		V	24			
S	I		0			